

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B
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STATE Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Targeted Case Management:

Targeted case management for children ages birth through seventeen years in the custody of or under the supervision of the Mississippi Department of Human Services Division of Family and Children's Services is reimbursed on a fee for service basis using a monthly service unit and amount established by the Division of Medicaid in cooperation with the Mississippi State Department of Human Services Division of Family and Children's Services.

- G. **Payment for Targeted Case Management (TCM) Services** under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TCM Services by Public Providers

TCM for children, ages birth through seventeen years of age in the custody of or under the supervision of the Mississippi Department of Human Services, Division of Family and Children's Services (DHS), provided by public providers will be reimbursed through an encounter fee. The TCM encounter fee will be based on the actual costs associated with allowable case management service delivery. The TCM encounter fee will be prospectively determined on a semi-annual basis and will be computed using the actual case management costs for the previous six month period.

Description of TCM Services Monthly Case Management Fee Computation

1. The qualified Medicaid provider will submit a six (6) month cost report to the Division of Medicaid. Cost reports will be filed for the period January 1 - June 30 and July 1 - December 31. Cost reports must be filed with the Division of Medicaid, Reimbursement Division on or before three (3) months following the end of the cost report period. Should the due date fall on a weekend or a state or federal holiday, the due date will be the first business day following such weekend or state or federal holiday. The cost report will include both the direct and indirect costs of providing case management services and statistical information regarding the number of children served, including the number of encounters. The cost report will include allocations between the different programs administered by the provider and the computation of the actual cost of case management. The provider must submit a copy of the two (2) most current Random Moment Time Studies (RMTS) with each cost report. The RMTS must show the times allocated to each program administered by the provider. Costs that are not directly allocable to TCM or another program will be allocated among the provider programs based on the RMTS.

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2. When the cost allocated to TCM has been determined, it will be divided by the number of encounters. The result will be the cost per encounter. The encounter cost will be used to set the next semi-annual prospective encounter fee.
3. Cost reports that are filed for January 1 - June 30 will set the TCM encounter fee for the following January 1 - June 30. Likewise, July 1 - December 31 cost reports will be used to determine the TCM encounter rate for the following January 1 - June 30.
4. DHS may bill for each face-to-face encounter, with a maximum of six (6) encounters per calendar month. In addition, an encounter may be billed, no more often than once per calendar month, for time spent reviewing a case when no face-to-face encounter occurs. Collateral encounters may be billed as medically necessary.

TCM Services for Non-Public Providers

Will pay in accordance with Attachment 4.19-B page 19(a).

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Extended Services for Pregnant Women

1. Reimbursement - Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA-1500 form. Payment will be the lesser of the charge or the established fee.

The established fees were based on like procedures and services currently paid in the Medicaid program.

Examples are:

- a. In-home visits pay the rate of the visits in the home by a physician plus **estimated travel costs.**
 - b. High-risk assessment reimbursement is based on physician office visits reimbursement, currently in Mississippi.
2. All Services - In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--
OTHER TYPES OF CARE

Item 1. Payment of Title XVIII Part A and Part B Deductible/Coinsurance.

The Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount
Part A Coinsurance	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount
Part B Deductible	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount
Part B Coinsurance	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount	<u>X</u> limited to State plan rates* ___full amount

*The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Respiratory Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
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Christian Science Nurses for EPSDT recipients, if medically necessary, are reimbursed according to an established fee for service scale.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Christian Science Sanatoria Services for EPSDT recipients, if medically necessary,
reimbursed according to an established reimbursement rate.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Personal Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale.

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State MississippiMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

24a. Transportation - Ambulance Services - The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Transportation for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in the Plan, are reimbursed according to the methodology in the above paragraph.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES
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Care and services provided in Christian Science sanatoria -
Reimbursement is a prospective per diem based on cost report data.

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